



**AMENDED  
Washoe County District Board of Health  
Regular Meeting Minutes  
November 21, 2013**

**PRESENT:** Chair Matt Smith, David Silverman, Dr. George Hess, Dr. Denis Humphreys, and Council Member Ratti

**ABSENT:** Vice Chair Jung and Council Member Sharon Zadra

**STAFF:**

Leslie Admirand, Deputy District Attorney  
 Kevin Dick, Interim District Health Officer  
 Eileen Stickney, Administrative Health Services Officer, AHS  
 Daniel Inouye, Acting Division Director, AQM  
 Steve Kutz, Division Director, CCHS  
 Robert Sack, Division Director, EHS  
 Randall Todd, Dr. PH, Division Director, EPHP  
 Steve Fisher, Department Computer Application Specialist, AHS  
 Dustin Mayo, Recording Secretary

Patsy Buxton, Fiscal Compliance Officer, AHS  
 Erin Dixon, Fiscal Compliance Officer, AHS  
 Laurie Griffey, Administrative Assistant I, AHS  
 Dennis Cerfoglio, Sr. Air Quality Specialist, AQM  
 Julie Hunter, Sr. Air Quality Specialist, AQM

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
1:05 pm *1, 2	<b>Meeting Called to Order, Pledge of Allegiance and Roll Call</b>	<b>Chair Smith</b> called the meeting to order. Roll call was taken and a quorum noted. The Pledge of Allegiance was led by <b>Dr. George Hess</b>	
*3.	<b>Public Comment</b>	None.	
4.	<b>Approval / Deletions – Agenda – November 21, 2013</b>	<b>Chair Smith</b> called for any deletions to the Agenda of the November 21, 2013 DBOH Meeting.  <b>Mr. Smith</b> noted that due to <b>Vice Chair Jung's</b> absence, Item No. 13 be moved forward to next month. <b>Mr. Smith</b> noted that Item No. 14 be moved forward to next month as he was not comfortable with everything that has been received as of yet.	<b>Dr. Hess</b> moved, seconded by <b>Council Member Ratti</b> , that the November 21, 2013 Agenda be approved as amended.  <b><u>MOTION CARRIED</u></b>
5.	<b>Approval / Additions / Deletions to the Minutes of the October 24, 2013</b>	<b>Chair Smith</b> called for any additions or corrections to the Minutes of the October 24, 2013 Regular Meeting.	<b>Council Member Ratti</b> moved, seconded by <b>Dr.</b>

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	<b>Regular Meeting</b>		<p>Hess, that the Minutes of the <del>November 21,</del> October 24, 2013 Regular Meeting be approved as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>
*6.	<b>Recognitions</b>	<p><b>Mr. Dick and Chair Smith</b> made the following recognitions:</p> <ul style="list-style-type: none"> <li>A. Introduction of New Employee(s) – Chris Anderson – Engineer</li> <li>B. Years of Service – <ul style="list-style-type: none"> <li>1. Jacqueline Chaidez – WIC – 10 Years</li> <li>2. Janet Smith – AHS – 20 years</li> <li>3. Eileen Stickney – AHS – 20 Years</li> </ul> </li> <li>C. Retirements – None</li> <li>D. Recognitions <ul style="list-style-type: none"> <li>1. Maria Soledad Sepulveda – Excellence in Customer Service Certificate Programs</li> <li>2. Certificate of Senatorial Recognition presented to Christina Conti in recognition of graduation from the Chamber Leadership Program</li> <li>3. Recognition of the Air Quality Management Division by GREENevada for support of the 2013 Student and Teacher Leadership Retreat</li> <li>4. Presentation of plaque of appreciation to George Furman, MD in recognition of his years of service on the District Board of Health, from 2001 to 2013</li> </ul> </li> </ul> <p>Rebecca Anderson stated that GREENevada is a coalition of 9 different local agencies and non-profit organizations that provide education resources on sustainable education. On behalf of GREENevada; Rebecca wanted to recognize the appreciation of the Air Quality Management department.</p>	
7.	<b>Proclamations</b>	None.	
8.	<b>Consent Agenda</b>	<p><b>A. <u>Air Quality Management Cases:</u></b></p> <ul style="list-style-type: none"> <li>1. Recommendation to Uphold Unappealed Citations to the Air Pollution Control Hearing Board: <ul style="list-style-type: none"> <li><b>a. Peavine Construction Company – Case 1134, NOV 5385</b> 181 Hillcrest Drive, Reno, NV 89509</li> </ul> </li> </ul>	

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		<p>b. <b>Capstone Communities – Case 1135, NOV 5386</b> 181 Hillcrest Drive, Reno, NV 89509</p> <p>c. <b>Quik-Stop Market #160 – Case 1136, NOV 5388</b> 140 West First Street, Sun Valley, 89411</p> <p>2. Recommendation of Cases Appealed to the Air Pollution Control Hearing Board. <b>None.</b></p> <p>3. Recommendation for Variance: <b>None.</b></p> <p><b>B. <u>Sewage, Wastewater &amp; Sanitation Cases:</u></b> Recommendation to Approve Variance Case(s) Presented to the Sewage, Wastewater &amp; Sanitation Hearing Board. <b>None.</b></p> <p><b>C. <u>Budget Amendments / Interlocal Agreements:</u></b></p> <p>1. Retroactive approval of District Health Officer acceptance of Subgrant Amendment #1 from the Nevada Department of Health and Human Services, Division of Public and Behavioral Health for the period of January 1, 2013 through December 31, 2013 in the amount of \$90,751 in support of the Tuberculosis Centers for Disease Control and Prevention (CDC) Grant Program, IN 10016; Approval of amendments totaling an increase of \$10,000 in both revenue and expense to the FY14 Tuberculosis CDC Grant</p> <p>2. Approval of the Washoe County Smoke Management Program Memorandum of Understanding with the State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection.</p> <p>3. Approval of budget amendments totaling an increase of \$314,381 in both revenue and expenses to the FY14 Department of Motor Vehicles (DMV) Excess Reserve Program Funds (IO TBD)</p> <p>4. Ratification of Amendment #1 to Intrastate Interlocal Contract between State of Nevada, Department of Conservation and Natural Resources, Division of Environmental Protection and the Washoe County Health District in the total amount of \$772,000 (\$211,000 for FY14, \$187,000 per year for FY15, FY16 and FY17) in support of the Underground Storage Tank (UST) and Leaking Underground Storage Tank (LUST) Grant Program; Approval of amendments totaling a decrease of \$27, 519.58 in revenue and expense to the FY14 UST/LUST Grant Program, IO 10023; and if approved authorize the Chairman to execute.</p>	<p><b>Dr. Humphries</b> moved, seconded by <b>Dr. Hess</b>, that the Consent Agenda be approved as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>

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9.	<b>Air Pollution Control Hearing Board Cases Appealed to the District Board of Health.</b>	None.	
10.	<p><b><u>Regional Emergency Medical Services Authority:</u></b></p> <p>A. Review and Acceptance of the Operations and Financial Reports for October, 2013; and</p> <p>B. Update of REMSA's Community Activities Since October, 2013</p>	<p>Mr. Jim Gubbels, President of REMSA, reported that in October, 2013, Priority 1 Compliance was at 92%, and Priority 2 Compliance was at 97%. Looking at Priority 1 Compliance by zone, the 8-minute zone was at 92%, the 15-minute zone was at 98%, and the 20-minute zone was at 90%. Looking at the average bill for the month for Care Flight, the average bill was \$7,331, bringing the year-to-date total to \$8,370. On the ground side, the average bill for the month was \$1,066, bringing the year-to-date ground average to \$1,065.</p> <p>Mr. Gubbels also announced that Care Flight hosted its Second Annual Flight for a Good Cause that was held in Reno, Minden, and Gardnerville. Mr. Gubbles stated that they guaranteed everyone a window seat, and REMSA was able to honor that guarantee. This was a fund raiser collected for Care Flight. All monies collected will go towards equipment for Care Flight. Secondly, Mr. Gubbles stated that they have received over 1000 calls regarding the new Nurse Helpline. So, the public is definitely utilizing this service.</p> <p><b>Council Member Ratti</b> asked if the Nurse Helpline is a part of the Federal Grant, and inquired as to the name of the grant.</p> <p><b>Mr. Gubbels</b> responded that it was through the Health Innovation Award.</p> <p><b>Ms. Ratti</b> questioned that if the other components of the grant had been underway as well.</p> <p><b>Mr. Gubbels</b> responded in the affirmative. He explained that the other 3 interventions were to look at other ambulance transportation alternatives. In the past, the only place to take a patient to be billed was a licensed emergency department. Now, REMSA is able to utilize other community resources and take them there. For intoxicated patients that meet physical parameters, they can take them directly to the community triage center. The other location that can be utilized is taking stable psychiatric patients to Northern Nevada Adult Mental Health, but the hours are limited. In the past, those patients were taken to the emergency department. The third piece is to utilize the Urgent Care Centers in the community. When the patients are picked up, they are asked which hospital they would like to go to. They now are asked if they would like to be taken to an Urgent Care Center. Out of pocket costs with an insured patient are much cheaper at an urgent care center. The third piece of the grant was for the community health paramedic. REMSA has had an extensive 16 week training of a group of selected paramedics. 8 of those paramedics are working directly from the hospitals with patients with chronic conditions. Those paramedics</p>	<p><b>Council Member Ratti</b> moved, seconded by <b>Dr. Humphries</b>, to accept the REMSA Operations and Financial Report for October 2013 as presented.</p> <p><b><u>MOTION CARRIED</u></b></p>

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		<p>travel to the patient's residence to make sure the patient is following their medical direction, so they do not have to be readmitted. The first chronic condition they received was congestive heart failure. Currently, REMSA is seeing about 50 of those patients with the referrals coming from the hospitals and their physicians. REMSA will be adding recent M.I. patients (Heart Attack), Pneumonia, and several other chronic illnesses.</p> <p><b>Ms. Ratti</b> questioned if Mr. Gubbles believed that program to be 100% ramped up or is he still in the process?</p> <p><b>Mr. Gubbles</b> stated that all 3 legs of the program have been initiated. He explained that now they need to grow, maintain, and measure the programs.</p> <p><b>Ms. Ratti</b> inquired about the term of the grant. She asked if it was for 3 years.</p> <p><b>Mr. Gubbles</b> stated that the grant was for 3 years. He stated that they are about 18 months in.</p> <p><b>Ms. Ratti</b> asked if they could receive a quarterly report regarding the progress of all the programs.</p> <p><b>Dr. Humphries</b> asked if Gubbles thought the Affordable Care Act is going to have any effect on how things are done.</p> <p><b>Mr. Gubbles</b> stated that the grant was not affected by the Affordable Care Act. He explained that he was not sure how the act will impact their ability for reimbursement of ambulance transport. Mr. Gubbles stated that he knows the eligible Medicaid population will grow within the community. They do not know how much it will grow, but with the Affordable Care Act; that piece will definitely grow. Mr. Gubbles is concerned that his costs will not be covered by the reimbursements they get at that level. What they are trying to do with the innovation grant is do things differently. It is a demonstration not only for the community, but it is a demonstration nationally as well. It's very important that they are successful because they are changing the whole pre-hospital delivery system. Mr. Gubbles explained that there were only 3 grants across the whole country that involved ambulance services. REMSA's by far is the largest of the 3.</p> <p><b>Dr. Humphries</b> asked if anybody falls inside the grant specifications and if there's a trend for it, do they get reimbursed out of the grant for those transports?</p> <p><b>Mr. Gubbles</b> explained that Medicare itself only accepts a bill if a patient is taken to a licensed emergency department. If a Medicare patient goes to an alternate site, they have agreed through the grant to pay for that transport. Most of the patients that we take to the community triage center are patients with no insurance and most of them have co-</p>	

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		dependency problems. There are a lot of different dynamics going on in health care right now.	
11.	Presentation, Discussion, and Possible Direction to Staff regarding Emergency Medical Services ("EMS"), Including	<p><b>Dr. Todd</b> explained that the EMS working group has picked up its pace in terms of frequency of meetings. They are mindful of the second 120 day deadline the concurrent meeting the various boards gave them. Dr. Todd explained that there are 2 things to call attention to in this report. To accomplish this we need to get through the consensus process of all the 30 some odd TriData recommendations. We've done that on many of the recommendations. There are a small handful that are more difficult, one of those is TriData recommendation #20 that states REMSA should apply the 8 minute standard to Priority 2 calls which currently enjoy a 12 minute standard. A working subgroup was convened and met the day before yesterday. I believe that the consensus coming out of that group was that it does not make sense essentially to collapse Priority 1 and 2 into a single Priority and that the issue that seems to bother people is the lack of a feedback group so that the Fire response agencies know how REMSA has prioritized those calls so it makes sense for the them to go or not to go. I think all parties completely agree that we have a CAD-to-CAD linkage then this becomes a non-problem because once it appears in one system it then appears into the other system and there won't be any delay in getting that information. For right now however that is a problem and we may be a year or 2 away before we have the CAD systems in both of the Reno / Washoe county public safety answering point as well as the Sparks 911 center that can accept the CAD-to-CAD software linkage. What we struggled with was a temporary work around. I think the group will continue to meet on that but I think we have fundamentally resolved the TriData recommendation #20, at least I hope that my impression of that from the meeting the other day is correct. The other thing I would point out to you is as we work fairly rapidly toward consensus on all of those we are now working toward developing a document called the Principles of Agreement. That will go back to the concurrent meeting of the boards for final approval. Upon approval that will be handed over to the legal department for drafting of a franchise agreement based on those principles. The real work of the EMS working group is to agree, and the real work of the legal staff is to craft those agreements into some sort of franchise. That's kind of where we're at. I would entertain any questions that you might have.</p> <p><b>Matt Smith</b> inquired if they are going to have a board meeting of the holder of the franchise agreement. Are we going to talk about this prior to the concurrent meeting other than having a big discussion? Aren't we the ones that hold the franchise agreement?</p> <p><b>Ms. Ratti</b> thought that part of the reason we delegated to the working group is to find a path forward to success that allowed us to navigate four different governing boards. Knowing that, there is a piece of me that thinks that having one conversation with the entire group makes more sense because you can get that stuff out on the table and can have dialogue,</p>	

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		<p>and if the staff has done their job and I'm confident that this staff will have done their job, the majority of the issues will be well vented and it will be a relatively small amount of things that we wouldn't have a recommendation from staff to move forward. In my world, when staff has put a ton of time and energy into something, and I can see that they've done the work, I put a lot of weight into that recommendation of moving forward. Moving to the 2<sup>nd</sup> part of your question we are the ones that hold the franchise agreement, so then therefore do we need to have a higher level of confidence going into that meeting that once the work is done that we can get the number of votes necessary to agree on the franchise agreement? That's a great question but as I'm talking I think that even that makes more sense after the meeting than it does before the meeting because then we will have the full story. So if there are areas of contention when push comes to shove we're going have to decide what's in that final agreement. I'd rather know what the County Commission and the Reno Council are thinking before having that final say on this board. I'm comfortable going on that path that we're going towards. If it comes to us then all the other boards will insist that they see it to. So you will have 4 separate meetings to make sure that it is right. I'm comfortable with what the staff is recommending.</p> <p><b>Dr. Humphries:</b> The thought that I have is, and I agree with that. I think it's important that we have some knowledge of what's discussed. I think the monthly meetings are important and we should get more involved as that timeline gets closer. I agree with the path as long as we have some information so when we do get to that final meeting we do know what's being talked about.</p> <p><b>Ms. Ratti</b> responded that that items have been taken off of the table that have consensus so the part with staff now is the tougher items to get consensus. She stated if you're doing updates with your public boards during a negotiation process; are you able to effectively negotiate? She explained that she has already accepted the fact that she will not agree with everything in the franchise agreement. She has a very specific list, but she is willing to vote yes if she sees forward progress.</p> <p><b>Dr. Todd:</b> To Dr. Humphries' point we certainly can give a rundown which of the TriData recommendations are still in disagreement. I have tended to highlight the items that are really contentious and ignored the items that haven't been discussed enough. I think we could tell you more definitively where we are in terms of achieving consensus on that. One of the challenges I have in doing is it has been difficult achieving consensus on something that I had thought we had already agreed on as still needing more work. A simple example is there is a recommendation that says the REMSA and RASI board should not have overlap. That was listed a week ago needing more work. I thought we reached consensus on that long ago. I think the current franchise already says that. I think the current situation is there is no overlap on those boards. I'm a little puzzled why we aren't declaring victory on some of those. I think part of that is we have so many moving parts doing this. We have new players in the process, so it may look to them that we haven't finished on that</p>	

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		<p>yet. I thought we were further along than what was reported on. I'm hopeful that in the coming week or so we can get that fairly narrowed down. I will certainly point out to you the areas that aren't getting there.</p> <p><b>Dr. Hess:</b> It makes sense to me that when we really get locked into something we can really create a conflict. Could you tell me at the next meeting the items that are still up in the air? I have my own list that I feel should already have a consensus, but I may be wrong with those.</p> <p><b>Kevin Dick:</b> I just wanted to add we focused a lot on the work that is going on regarding the franchise agreement, and also in those 38 recommendations we have a number of recommendations in regard to how we established an EMS oversight, so we're also working along those lines to develop a framework how regionally EMS oversight could occur. I think that's an important reason to have a discussion at the concurrent meeting. That's going to be a structure that is going to be involving all 3 governing bodies and the board of health, and I also wanted to let people know that February 10, 2014 is the date that the concurrent meeting is planned for at 8:30 a.m., and I don't have a location yet for the meeting. As far as our timeline goes, in order to have materials available for distribution prior to that meeting. We are shooting for an end date of January 23, 2014, for getting the principles of agreement together.</p> <p><b>Ms. Ratti:</b> Speaking for a person who has to live on 2 boards that are both dealing with this issue. I will speak for Ms. Jung and Ms. Zadra since they cannot speak for themselves. It is particularly helpful when those reports of consensus are in agreement from both of our bodies. What would be great is that if you could go back to the Executive Committee and have agreement on those committees that yes this is the list that we could publish to our boards because it could be uncomfortable for those of us who are serving in both roles to have one executive telling us we have agreement here, and another executive telling us we have agreement here, but those 2 documents don't agree. Rather it being Mr. Dick's version of what we think of, or Dr. Todd's version, it would be great if it was the collective group's version of what we have consensus on.</p> <p><b>Dr. Todd:</b> I could not agree with you more, and I think we need to vet this through the executive committee and then bring it back to you so that it shouldn't matter which board you hear it on. It's the same basic list.</p> <p><b>Ms. Ratti:</b> I think that will set us all up for success.</p>	
12.	Review and Acceptance of the Monthly Public Health	Eileen Stickney, Administrative Health Services Officer. Staff recommends that District Board of Health accept the attached report of revenues and expenditures for the health fund for October, 2013 for Fiscal Year 2014. I have items to highlight for you	<b>Dr. Hess</b> moved, seconded by <b>Matt Smith</b> , to accept the



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	Fund Revenue and Expenditure Report for October, 2013	<ul style="list-style-type: none"> <li>The environmental oversight account at the time when we had to prepare packets for an early board meeting the bank statement had not been received so currently the balance is \$108,317.75</li> <li>If you move to page 8 at the very top you'll see a variance of \$796 under federal grants and direct. This is currently being driven by the WIC grant that is currently in administration. It was anticipated that we would have almost \$2000 worth of in-direct on that grant. There was a vacancy in the staff position, so in order to maximize our cost recovery on our WIC grant; we contacted the State and told them we wanted to apply more in-direct, so we drilled down and brought in \$15,302 versus that difference, so it wasn't anticipated but we do try and always maximize our grants.</li> </ul> <p>I would be happy to answer any questions.</p> <p><b>Ms. Ratti</b> questioned if it was unusual that they would allow adding in-direct?</p> <p><b>Eileen Stickney</b> stated that it can be negotiated.</p>	REMSA Operations and Financial Report for October 2013 as presented.  <u><b>MOTION CARRIED</b></u>
*13.	Update on Citation and Enforcement regarding Prevention of Bear Activity within Populated Areas (Continued from Oct. 24, 2013)	During agenda approval, Item No. 4, the Board moved Item No. 13 to their next regular meeting scheduled for December 19, 2013.	<u><b>NO MOTION</b></u>
*14.	Recommendation to approve an Employment Agreement for District Health Officer, between the Washoe County District Board of Health and Kevin Dick	During agenda approval, Item. No.4 the Board moved Item No. 14 to their next regular meeting scheduled for December 19, 2013.	<u><b>NO MOTION</b></u>
15.	Presentation and Possible Acceptance of the 2014 Washoe County District	<b>Kevin Dick:</b> In the packet there's a one page color calendar for the year where we've identified the proposed Board of Health meeting dates and our deadlines for putting the agenda and packages together. On here you'll note in January at the last meeting we	<b>Dr. Hess</b> moved, seconded by <b>Council Member</b>

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	Board of Health Meetings and Deadline Calendar including rescheduling of the Board Retreat from December 5, 2013 to January 16, 2014.	discussed and agreed to use the Board Retreat to do a governance assessment and we were from there looking for a date from the board to do that. I think we were successful in identifying the afternoon of January 16, 2014, for our board retreat. I think we were planning on doing that here. The remainder of the board meeting dates with exception of the budget meeting that we've identified as March 6, 2014. The remainder of the meeting dates are consistent with the way that we have traditionally scheduled the meetings which would be the fourth Thursday of the month with the exception of November and December where we have the holidays and the meeting is moved up to the third Thursday of the month.	<b>Ratti</b> , to accept the 2014 Washoe County District Health Meetings and Deadline Calendar as presented.  <b><u>MOTION CARRIED</u></b>
*16.	<b><u>Staff Reports and Program Updates</u></b>  A. <u>Director, Epidemiology and Public Health Preparedness</u>	Dr. Randall Todd, Director, Epidemiology and Public Health Preparedness, presented his monthly Division Director's report, a copy of which was placed on file for the record. He pointed out an item in the prepared report that was submitted. He spoke of the need to get pills into the mouths of 420,000 to 500,000 people within a 48-hour window. The driver for that is an Anthrax scenario in which they would be submitting pills, not a vaccine. Dr. Todd stated that they had been making some remarkable progress with getting private entities to become Points of Dispensing (POD). They are taking care of their employees, and their employees' families. Some of the agencies like Fire may also turn into public Points of Dispensing if their work load permits. There's a statistic in the report that states with the 6 private POD agreements that we have signed to date, we have taken 50,000 people away from those that would be visiting our public PODs if we have to open them. We hope that we never do. That may sound like a small drop in the bucket versus 500,000, but the thing to keep in mind is with a dry POD scenario where we're giving pills which are dry instead of shots which tend to be moist or wet; we don't have to get all 500,000 people to the POD. We can distribute the pills to a household representative which makes us a lot more efficient. We are expecting about 130,000 people to need to visit PODs if we had to activate on an Anthrax or Anthrax-like scenario. That's going to be a much more reasonable item, so when you're stacking that 50,000 towards that 130,000 we're starting to chunk away at it a little bit better if you're comparing it to 400,000 or 500,000 people.  Dr. Hess questioned if Dr. Todd would like a list of Doctors that have interest in the program?  Dr. Todd thought that could be helpful, and the one thing to explain to the Doctors is they would not be needed to be giving the shots, but they may be needed to medically supervise those that are giving the shots.	
	B. <u>Director, Community and Clinical Health Services</u>	Mr. Steve Kutz, Director, Community Clinical and Health Services, presented his monthly Division Director's Report, a copy of which was placed on file for the record. He presented a brief of the Sexual Health Program in the report. In December, they are going to report on that again due to Stacey Hardy and Jennifer Howe, the Program Coordinator, have recently	

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		<p>reviewed more data as they worked with Dr. Todd. They would discuss the recent increases in syphilis, gonorrhea, and chlamydia, and what interventions can be done. Kutz spoke of a question by Dr. Humphries regarding the Affordable Care Act. He did not have that specifically on the report for this month, but he did meet with Washoe County Social Services and they are talking about the use of their staff to be Certified Application Counselors. He stated that even though they were at about 100% passing, the login portal on the ACA website was pretty much broken, so there was no access to it. In Nevada, so far about 500-700 individuals have signed up for affordable care. Nationally, there are about 100,000 individuals that have signed up so far for affordable care.</p>	
	<p><u>C. Director, Environmental Health Services</u></p>	<p>Mr. Robert Sack, Division Director, Environmental Health Services, presented the monthly Division Director's Report, a copy of which was placed on file for the record. He stated that he, Mr. Dick, and Charlene Albee with Air Quality had all appeared in front of a fee oversight committee that the City of Reno had established earlier in the week regarding their fee structure, and how things work. He stated that he felt that the meeting went really well. As part of the direction given by the board regarding the new data management plan which was a replacement of Permits Plus. At the direction of the board, they have been participating in outreach into the community on what the acceptance was. They had their first meeting with the Builder's Association of Northern Nevada (BANN). That meeting went pretty well. It wasn't enthusiastic for the fee side, but it was for the service side, but it wasn't unenthusiastic either. There was some cautious support and interest out there. There is also a meeting scheduled with the Chamber and any businesses that would be interested there. They are really presenting at a united front to all jurisdictions; including the city of Sparks.</p> <p><b>Ms. Ratti</b> gave an update regarding some questions on why Sparks was not participating in the Permit Software project. She stated that the price tag came to them at \$750,000 a couple of weeks prior to the City wrapping up the budget process. They had already gone through a lengthy public process to determine the budget priorities with some relatively challenging choices already. The City Manager did not feel he could add another \$750,000 at that time. So it was an issue of timing. However, the cost has come down and the potential of fees does make it possible that the City of Sparks are back at the table to see if they could make it work regionally.</p>	
	<p><u>D. Acting Director, Air Quality Management</u></p>	<p>No updates.</p>	
	<p><u>E. Administrative</u></p>	<p>No updates.</p>	

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	<u>Health Services Officer</u>		
	F. <u>Interim District Health Officer</u>	<p>Mr. Kevin Dick, Interim District Health Officer, presented the monthly District Health Officer Report, a copy of which was placed on file for the record.</p> <p>Mr. Dick wanted to highlight the work that's continuing to occur on the fundamental review. The management and staff have been very busy and engaged on providing information to the review team. There have been some deadlines after their initial visit to provide them with financials with completion of an accreditation framework self-assessment that we conducted for the Health District with a compilation of performance measures that we utilized and we have given that information to them. The review team returned on November 12<sup>th</sup> and 13<sup>th</sup>, and the 3 members of the team split up and throughout that time, worked with the Divisions and with myself and their review. I think we remain impressed with the quality of the team that we've got. I would like to let the board know that the team expressed on several occasions to me their appreciation for the openness and the engagement of the management and the staff in this process. They are getting all of the information that they are asking for. At the beginning, I asked that we approached this in a way where we're looking to get the most out of it, so we're providing anything we can to this team, and I'm really proud of the way that everybody at the Health District has stepped up to make that happen. I have met with Renown Health to discuss the potential collaborative work on community health assessment and from that was invited to a meeting of a larger group. That occurred on November 15<sup>th</sup>, at United Way. I'm very encouraged that we have the opportunity to engage in a community wide effort and I'll be attending some future meetings here over the next few months. If things proceed as it appears, we came out with an agreement during the November 15<sup>th</sup> meeting; to hold a community forum sometime in the spring would bring many organizations together to hopefully launch a nice health assessment and linkages between health and community development. I'll continue to participate in those meetings in the meantime.</p>	
*17.	Board Comment – Limited to Announcements or Issues for Future Agendas	None.	
18.	Emergency Items.	None.	
*19.	Public Comment (limited to	None.	

TIME / ITEM	SUBJECT / AGENDA	DISCUSSION	ACTION
	three (3) minutes per person). No action may be taken.		
20.	<b>Adjournment</b>	There being no further business to come before the Board the meeting was adjourned.	<p><b>Matt Smith</b> moved, seconded by <b>Dr. Hess</b>, that the meeting be adjourned.</p> <p><b><u>MOTION CARRIED</u></b> The meeting was adjourned at 2:15 p.m.</p>

  
 KEVIN DICK,  
 INTERIM DISTRICT HEALTH OFFICER

  
 DAWN SPINOLA FOR DUSTIN MAYO  
 RECORDING SECRETARY (1/28/14)